

AURELIS: East and West, New and Ancient, Rational and Poetic, Healing from Inside

(An introduction to AURELIS for healthcare providers)

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* Promoted on “Subconceptual Processing in Medicine: From Body & Mind to Health & Healing.”

Abstract

In accordance with modern insights from Cognitive Neuroscience as well as from ancient Eastern ones, the AURELIS project takes into account the total person, including conceptual (rather rational) and subconceptual (rather ‘poetic’) mental processing. This leads to a scientifically validated view on human being that lends to psychology a much bigger role in future healthcare and beyond. Proper to the present age, AURELIS focusses on online services, providing insights and lots of practical tools: +/- 1200 sessions of guided meditation, online coaching, Read&Do Experiences etc. Much of this has psychosomatic orientation. The client/patient is central. Healthcare providers, using secure technology in contact with each other, help the client/patient attain the best possible results in two ways simultaneously: improving health conditions and the pursuit of ‘full human potential.’ Healing from inside leads to complete human beings. This endeavor is of all times and applicable worldwide.

Striving towards 100% rationality and 100% ‘poetry’

The AURELIS project has as aim to take into account the complete person, conceptually (rational, dualistic) and subconceptually (‘poetic’, including deep meanings, deep motivations...) in healthcare and beyond. In present-day healthcare, regular medicine tends to leave out the deeper levels. This is understandable since present-day medical science thrives on reproducibility, say: operationality, conceptuality. At the same time, complementary medicines – while sometimes being quite ‘poetic’ – tend to leave out rationality/science. This is an asymmetrical situation since rationality is ultimately about taking reality into account as fully as possible, including ‘poetry’. Additionally, if you leave out science, no progress is to be envisioned. A unique position in this landscape is to strive for a synthesis (not a mere combination) of conceptual and subconceptual levels, of rationality and poetry *simultaneously*. This is by itself fully logical, fully scientific, therefor fully within ‘regular’ aim.

Searching for potential power, looking at the placebo effect

The ‘true placebo effect’ accounts for a huge part of the total effect of present-day Western medication. Other medical procedures such as surgery also have substantial placebo effects. Non-scientific ‘alternative’ medicines in many cases are +/- completely placebo-genic. A legitimate endeavor therefor is to search for what lies behind placebo, constituting this placebo-genic power.

In this search, and as explored in “The Placebo Effect - How the Subconscious Fits in” [[Perspect Biol Med. 2012 Winter;55\(1\):43-58.](#)], all explanations of the placebo effect can be seen as boiling down to ‘autosuggestion’ (see later). The AURELIS project originates from this insight.

Decidedly, what is happening in the placeboogenic situation is psychological. Thus it does not fall within the domain of biomedicine in strict somatic sense, but of psychology. It is naturally the competence of psychologists. This is probably the main reason why placebo can be so huge and at the same time so overlooked in biomedicine.

Looking at psychosomatics

The psyche is deeply involved in many health conditions such as low back pain, rheumatic arthritis, allergies, AIDS, etc. This is scientifically proven in specialties such as psychoneuroimmunology. This rapidly evolving branch of science increasingly shows tremendous impact by the psyche on many health conditions through neural and immunological pathways.

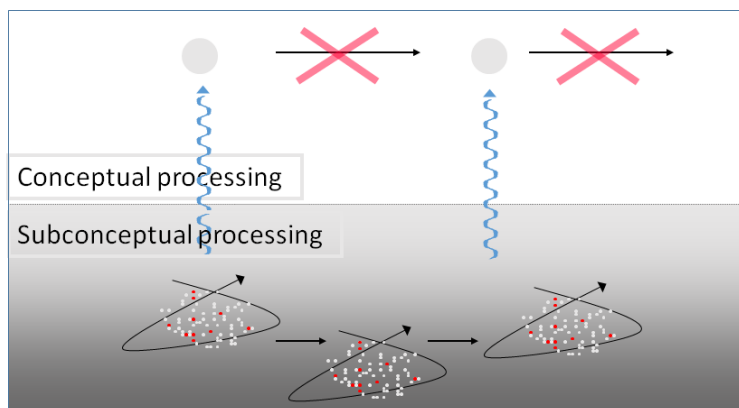
In healthcare, psychosomatics is the most costly subdomain to the patient as well as to society, due to repetitive investigations, relapsing conditions, long-lasting treatments... One may include the societal burden of presenteeism and absenteeism. Taking into account the principle of communicating vessels – one condition leading to another if not dealt with in-depth – the picture is bigger still.

This points to a huge and little charted ‘market’ for clinical psychologists and due to overlapping principles also for organizational psychologists. Indeed it is their turf, now hidden in practice behind placebo and philosophically behind Cartesian dualism: the difficulty to acknowledge the influence of ‘immaterial psyche’ on ‘material body.’ The solution to the latter comes from Cognitive Neuroscience.

Looking at Cognitive Neuroscience

AURELIS is congruent with theories of subconceptual processing and neural networks within the booming domain of Cognitive Neuroscience. Simplifying biological reality, a *neural network* can be thought of as a collection of nodes and links between these nodes, whereby each node is a simple data processor. A node can be a neuron in the brain, hence the term ‘neur(on)al network.’ Each node’s content is simpler than a mental concept (abstract piece of information), hence the term ‘subconceptual processing.’ An *unconscious pattern* (UP) is basically the mental content of such a neural network or network of networks. UPs are mostly dormant. A UP gets activated when a neural network is ‘active’, this is: when most of its nodes are active at the same time. It may then also become conscious.

By default, UPs have many connections with other UPs, or rather they ‘overlap’. This way, a *stream of UN-consciousness* continually unfolds itself in our mind. Through overlap, UPs bring other UPs towards ‘completing the pattern,’ in other words: ‘becoming active.’ Conceptual content emerges from the deeper level as a kind of ‘crystallization.’ See image:



Thus perceptions, thoughts, emotional reactions and behaviors are continuously emerging from below conscious awareness. This has been proven by a huge amount of scientific research during the last few decades. Unconscious processes are constantly enacted in mental, behavioral and bodily manifestations and relationships, including the therapeutic one.

Contrary to the Cartesian view, subconceptual processing provides a unified picture of mind and body. The apparent 'difference' between the *physical* and the *psychological* level lies in their being looked at from different viewpoints. Thus, there is no such thing as the body influencing the mind and vice versa: both are the same thing, described in different terms. In this setting, it is understandable that one can also influence, through subconceptual communication, issues/conditions that show themselves in somatic ways. Simple and direct examples of this are quite mundane: any time you feel an emotion having a somatic component. Science provides increasing evidence that this influence can be far-reaching.

How this is accomplished within AURELIS

AURELIS is available online on the basis of simple memberships. There are a number of websites dedicated to specific topics: getting slim, quitting smoking, depression, meditation, coaching institute, chronic pain, etc.

A main part of the AURELIS project consists of *AurelisOnLine* health meditations. These are guided meditations (mainly +/- 15 minutes) that one can listen to as streaming media on any computer or smartphone, with background video and specifically composed piano music. There are 200+ domains (+/- 1200 meditation sessions) on health, wellness, business oriented, children and adolescents. Basically anything mind-related is or will be included. Note that this is not 'one thing pretending to be good for everything,' but one philosophy/method/tool with many applications. Compare it in this respect with the concept of medication. There is not one arcane pill good for everything, but many different medications, each developed for a specific condition. The AURELIS domains are also specifically developed, while based on scientific research.

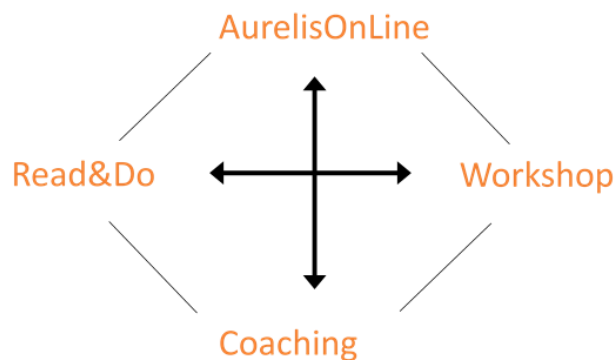
Another part is information online, in formats that are inviting for online reading, e.g. 9 *Read&Do Experiences*: online workshops with freedom – and some guidance – for the user to traverse as he likes.

An online coaching module is integrated, containing an agenda system and history list. The user can choose a coach, get an appointment and coaching from anywhere. At user's choice and coach's agreement, sessions can be recorded and replayed.

Off-line workshops are available: on stress, burnout, leadership... Social media are being integrated. The aim is that the user can have private and social experiences as he likes.

These parts make for solutions that can be tailored to each individual. E.g. in a work environment, the rampant issue of burnout can get a 'turnkey solution' in being dynamically adjustable to each individual according to his personal needs: Read&Do and AurelisOnLine (with several relevant indications) can be provided to all who want to work on burnout prevention by themselves. Offline workshops and personal coaching can be delivered to those who need more. One can find all relevant tools and information at the specific *Burnout* website.

People are invited to 'Read & Do' before the workshop, which enhances group experiences. It's also a mnemonic aid after the workshop. Likewise, AurelisOnLine experiences and coaching mutually enhance each other. The coaching will be more efficient since the coachee does a lot of self-coaching in between through AurelisOnLine sessions and guided by the coach: what sessions to choose, how to do them, occasionally doing them together...



What's in a name?

Breaking up its name is one way of showing what AURELIS is about:

- **AU** = autosuggestion, language of invitation: combining freedom and direction. The 'auto' points to: doing it yourself, being in the driver's seat, the *patient as cure*.
- **REL** = relaxation, diminishing tension between conscious and unconscious goal(s), towards a situation that is as congruent as possible with the person as a whole. A main endeavor is to let the client discover his deeper goals (directions), as well as how he can proceed towards them.
- **IS** = inner strength, deep drive and motivation that resides within any person, mainly unconsciously since one cannot purely consciously decide to be motivated. At the results side, inner strength lies in the growth that a person can attain and in what he can further accomplish through this.

All this eventually points to the final goal: 'growth from inside'. The direct goal (in most cases the presenting symptom or issue), is seen as an invitation towards that final goal. Starting from the direct goal while striving *through this* for the final goal, symptom relief can be attained, almost as a side effect. One can see in this a synthesis of mostly ancient-Eastern and mostly modern-Western reasons for consulting a 'competent person' with some mind-related issue. In an AURELIS environment, one and the other eventually point into the same direction, a 'synthesis of East and West.'

Ethics is very important

Since AURELIS is about dealing with 'depth,' ethics is very important. This is worked out through 5 'principles' in a way that itself also accords with these same principles:

- *openness*: compare this with a placebo that by definition is only 'active' under the guise of something else. This is the opposite of openness.
- *depth*: deeper meanings are touched upon in an invitation not towards superficial 'cosmetic' change but towards growth as a total person...
- *respect*: ... in full respect to oneself and to others as total persons.
- *freedom*: invitations, suggestions are given. These provide direction without coercion, nor any pressure to 'comply.'
- *trustworthiness*: based upon science (an endeavor in progress).

Note that this is not an ethics of do's and don'ts. AURELIS is invitational, (auto)suggesting a direction to inside in a way that brings out the best of a person, through a natural flow with (the intention of) the best possible support. Ethics in this sense ensures growth as a person in a self-respecting way, a change to the best interest of the person himself and others.

AURELIS is not a new kind of therapy

AURELIS is mental hygiene, *nonspecific* as in: placebo and empathy are *nonspecific* factors of therapy. In AURELIS, the eventual placebo-*effect* is reached in most open and direct manner. This of course also depends on the user. At least the endeavor is to be as open as possible, i.e. by way of unveiled autosuggestion-as-such.

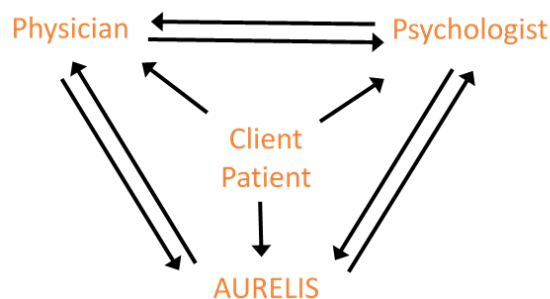
AurelisOnLine sessions are direct autosuggestions, intense invitations to 'change from inside out.' Note the huge difference between 'change from inside' and 'being changed'.

AURELIS coaching is about methods to apply to the *coach*, in full empathy. The only 'instrument' towards the coachee is the empathic coach.

Nonspecific factors emerge from inside out, while the term 'therapy' is commonly used when dealing with instruments / products / methods applied to clients / patients. Nonspecific factors are about the own 'inner strength' emerging in an open and deeply ethical way.

AURELIS in healthcare context

Many people with persistent mind-related problems, such as psychosomatic issues, do not seek professional help. With AURELIS, they now have additional options. This drawing shows possible entries and venues:



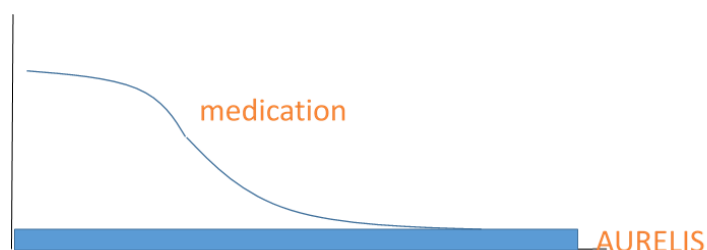
Management can be done in concert with the client/patient, the psychologist and the physician. All roads are possible. E.g. in case of chronic low back pain, the vision is:

A patient goes to his physician who does some tests and prescribes a painkiller. He also points the patient to AURELIS and gives him a subscription.

The patient comes home and can immediately start with AurelisOnLine sessions.

After a while or immediately, he can also ask for video coaching. After such coaching, the coach provides a summary. The client can decide to send this to his physician.

When the patient consults his physician again, they decide together what to do next with the painkillers or other medical procedures. The patient can continue using AurelisOnLine and maybe sometimes talk with his coach. The physician may gradually reduce the painkillers, according to the principle of 'gentle slope:'



E.g. a gentle diminishment of medication dose, with AURELIS as part of the 'safety net' getting in place. It is recommended to use AURELIS before diminishing the medication. The patient may feel additional pain relief through AURELIS. The diminishment of medication should not lead to more pain, even not temporarily. This principle of 'gentle slope' is generally applicable when using AURELIS. E.g. the use of AURELIS towards quitting smoking preferably starts a while *before* quitting day.

Advantages

AURELIS leads to personal and sustainable growth through using any symptom / condition as a gateway to deeper levels. It is logical that if you do not directly or indirectly touch upon the cause, the result cannot be optimal.

This also leads to huge cost diminishments and sustainable healthcare. Relevant factors are: low cost of AURELIS, absence of side-effects, presence of positive co-effects: the finding of one's 'inner strength.'

Personal growth of many people can lead to positive cultural change.

Empirical basis

AURELIS is completely open to empirical validation. However, double-blind studies are not feasible, single-blind studies hardly: it is apparent to any user whether he is using the system or not. Moreover, AURELIS being very easily available to anyone anywhere, it is principally not feasible to form demarcated groups without 'trespassing'. Thus, the only feasible studies seem to be longitudinal.

There are also opportunities towards empirical scientific validation, including possibilities of standardization of the use of AurelisOnLine, with digital data collection of what people do (AurelisOnLine sessions, coaching...), what feedback they provide... In this sense, we envision future doctoral research, developing AURELIS-oriented tools (administrative, statistical, questionnaire templates ...) for researchers. Lots of longitudinal studies can be set up this way.